TESTIMONY BEFORE THE HOUSE COMMERCE

SUBCOMMITTEE ON HEALTH

AND THE ENVIRONMENT

SUBMITTED BY

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NASADAD Testimony on SAMHSA Reauthorization
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Chairman Bilirakis and Members of the House Commerce Subcommittee on Health and the Environment, thank you for the opportunity to testify before you today. My name is Jack Gustafson and I am the Executive Director of the National Association of State Alcohol and Drug Abuse Directors (NASADAD), which represents the concerns of State Authorities that in FY'94 administered almost $4 billion of alcohol and other drug prevention and treatment services. The primary Federal contribution to this $4 billion is the $1.36 billion Substance Abuse Block Grant that is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Let me begin by thanking the Chairman for holding this hearing and encouraging the subcommittee to enact SAMHSA reauthorizing legislation this year. SAMHSA was last reauthorized in 1992, and its authorization expired in fiscal year 1994. Meanwhile, many important developments have taken place, such as an increased interest in performance measures, and the implementation of the Synar Amendment that requires States to restrict youth access to tobacco. As a result, NASADAD believes a reauthorization is critical to resolve some of these issues and move the field forward.

Major Points

In addressing reauthorization, I would like to make five major points:

1. Set Asides and Unfunded Mandates

First, there are 24 set-asides and unfunded mandates in the Substance Abuse Block Grant. Federal micro-management of the Block Grant means that a cookie-cutter approach is taken to the needs of citizens in 50 different States. For example, the IV drug users' set-aside requires a State such as Iowa, that has relatively fewer problems with IV drug use, to provide services for this population, reducing funds that could be used to provide treatment to others on waiting lists. In addition, many set-asides duplicate current State efforts, and require States to use Federal money to comply with these set-asides, even though the money would be better spent meeting other needs.

You will note that the Administration's proposal for reauthorization does take a step in the right direction on this concern by eliminating a few requirements entirely and allowing States to obtain a waiver on other provisions if certain conditions are met. It is important to note that unless the granting of waivers is a reasonable and streamlined process, they become meaningless.

Finally, we would ask that the Committee legislate a negotiated rulemaking process for the waivers specifically and also for the entire bill.

2. Tobacco

One important provision that the Administration does not eliminate is the Synar Amendment, which significantly penalizes a State's Block Grant allocation if a State does not satisfy the strict standards the Federal Government has set for enforcing underage tobacco laws.

I would like to make the position of my association very clear on this provision. State

Alcohol and Drug Abuse agencies are in full agreement with the Federal Government that illegal sales of tobacco products to youth should be prohibited. State Directors are also pro-actively engaged in developing and delivering tobacco prevention programs.

Our objection to this provision is twofold: first, it holds treatment and prevention agencies responsible for law enforcement activities; and second, the penalty of up to 40 percent of a States's Substance Abuse Block Grant allocation is excessively punitive. No other public health legislation contains a penalty this large and it should be removed or significantly lessened. Last year's reauthorization bill in the Senate cut the penalty in half.

3. Data and Performance Measures

Last Congress, the National Academy of Sciences was selected to prepare a report on the availability and quality of substance abuse data and performance measures. Their draft report noted that, and I quote: "As discussed throughout this report, the current level of empirical knowledge of the relationship between public health interventions and outcomes is not sufficiently well-developed to allow one to judge the effectiveness of a state's effort to realize a given health outcome objective independent of all other factors." The report adds that comparisons across states are difficult because comparable data across states are often not available.

For these reasons, NASADAD is supportive of the administration's proposed data infrastructure initiative that would improve data availability and enable States to work with the Federal Government on performance measures.

4. Care for Children of Substance Abusers

One of the Center for Mental Health Services's successful programs is the Children's Mental Health Program. This line item provides funding for States to develop and demonstrate "coordinated systems of care" to meet the multiple needs of children who have mental health problems.

We would like to recommend that this successful model be adopted for children of substance abusers. Authorization should be provided to enable States to develop and implement coordinated systems of care that would link children of substance abusers and their families with health and social services agencies such as child protective services, family preservation, Head Start, child care and the like.

5. Other Changes

There are three other important additions that we would like to request:

First, the Knowledge Development and Application (KDA) grants of the Centers for Substance Abuse Prevention and Treatment should be formally linked to the Substance Abuse Block Grant. Currently these programs operate on a separate track to address Federally-identified interests. We believe that if the purpose of the KDA is to develop knowledge that can be used to help the public prevention and treatment system which is operated by States, there should be significant input from States on KDAs.

Second, there are problems with the review and approval process for the Block Grant application. Currently States must seek sign-offs from two different Centers: the Center for Substance Abuse Treatment (CSAT) and the Center for Substance Abuse Prevention (CSAP).

And believe it or not, there is no requirement for either CSAT or CSAP to provide written comments on changes needed to obtain approval and no deadline for a timely Federal response to a

State's application. We suggest that the reauthorization require SAMHSA and its Centers to provide written responses to the States on changes needed in their applications within a 30-day period after submission of the application. In addition, we ask that an Ombudsman at SAMHSA be established to ensure the timely consideration and review of applications.

Third, the Block Grant's administrative allocation should be increased to 10 percent. Currently, States are permitted to use only 5 percent of their Block Grant allocations for administration, which is not sufficient, especially considering the mandates and requirements included in the Block, which are currently being subsidized by State funds. The Maternal and Child Health Block Grant permits States to spend 10 percent of their allocation on administration. NASADAD would like to see the Substance Abuse Block Grant with a similar allocation.

Conclusion

Let me conclude by once again urging the Subcommittee to complete reauthorization this year. The public, State-managed alcohol and other drug treatment and prevention system faces many challenges, including welfare reform, managed care, the twin epidemics of TB and AIDS, and changes in Medicaid and Medicare. Reauthorization is critical in order to assist States in responding to all these challenges. Thank you for this opportunity to testify, and we look forward to working with you on SAMHSA reauthorization.